



Mitt Romney
Governor

Kerry Healey
Lieutenant Governor

THE COMMONWEALTH OF MASSACHUSETTS
Board of Building Regulations and Standards
Home Improvement Contractor Registration Program
1 Ashburton Place, Room 1301
Boston, MA 02108
(617) 727-3200

Request For Supplementary HIC Cards

It is recognized that some construction firms may have a need for additional identification card(s) for officers, partners, or other key employees as means of identification in dealing with building officials, potential customers, and the like. Additional ID cards will be issued upon proper completion and submission of this form along with a \$10 fee for each additional card requested **(CERTIFIED CHECK OR MONEY ORDER)**. The registration number will be the same as the original applicant registration number, and the ID card will list the name of the applicant and the name of the individual to whom it is issued. The address of the individual should be the address at which the person is based (i.e., a branch office, main office, or home address). Cards will be issued only to officers, partners, or employees of the registration. THE REGISTRATION AND THE NAME OF THE RESPONSIBLE INDIVIDUAL WILL STILL HAVE THE JOINT AND SEVERAL LIABILITY FOR WORK CONDUCTED AS NOTED IN MGL c.142A AND 780 CMR R6, AND WILL BE RESPONSIBLE FOR THE WORK OF THE INDIVIDUALS ISSUED A SUPPLEMENTARY CARD. THE HOLDERS OF THE SUPPLEMENTARY CARDS WILL NOT BY REASON OF BEING ISSUED SUCH A CARD ASSUME SUCH LIABILITY. THESE CARDS ARE ISSUED AS A CONVENIENCE TO THE REGISTRANT.

Additional Home Improvement Contractor identification cards are requested for the following individuals:

PLEASE TYPE OR PRINT LEGIBLY

NAME	TITLE	ADDRESS	SOCIAL SECURITY #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby authorize the issuance of supplementary cards to the above-named INDIVIDUALS WHO ARE EMPLOYED BY THE HOME IMPROVEMENT CONTRACTOR REGISTRATION IN THE CAPACITIES NOTED. I understand that the registrant will be completely responsible for the work of the individuals, and will be responsible for the proper use of these cards and their return if the status of the individual(s) with the registrant changes.

SIGNED UNDER THE PENALTIES OF PERJURY:

Registration/Business Name: _____

Registration Number: _____

By: _____

Authorized signature of the registrant

Title

Date

Please return this form along with the appropriate fees (\$10.00 PER CARD) to the address above.

For Official Use Only:

Registration Number: _____

Processed By: _____

Date: _____